	no a control deal of econd			U.S. Patent and To	radeoxed Oili	œ us o	EPAPTNENT (1	MARITON	
PATE	NRECORD		s & Gosphys a wold (SAR) control number.  Application or Goddel Number  D9/717-576						
CLAIMS AS FILED - PART I (Column 1) (Column 2)				SMALL ENTITY		OR .	OTHE	R THAN ENTITY	
FOR	MUMBER FIL	ED NUME	ER EXTRA	RATE	FESA	-	RATE	FEE	
ISIC FEE 7 CFR 1.15(a)) OTAL CLAIMS					100	OR.		5	
7 CFR 1.18(c)) DEPENDENT CLASS	19 000	= 20 ·		×1	40	OR	x s	•	
7 OFR 1.15(b)	1 4 000	±30 • •		x3		OR	x \$ •		
IR TIPLE DEPENDENT CLASH PRESENT (D7 OFR 1.16(d))				+1	200	OR	+8		
the difference in colu	ran 1 is less than 2017	o, enter T in column	2	TOTAL	345	OR	TOTAL	•	
CLA	IMS AS AMEND	ED – PART (1		è		:		• • • • • • • • •	ш·
	(Column 1)	(Codumn 2)	(Cotumn 3)	SWALL (	NIIIY	OR .	OTHER SMALL	R THAN ENTTRY	
	CLAINS REMAINING AFTER MENOMENT	HIGHEST MINISER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADUI- TIONAL FEE		RATE	ASSI- TISSAL PEE	
CLOS FEED	19 Min	= 22	• /	x 5 •		OR	x s •	1	
Cata Francia (acquiseuper)	G Man	13 To 16		x 8		OR	×3		
AFTER PREVIOUSLY EXTENT AMENDMENT SINCE PAD FOR STORE SINCE PAD FOR STORE SINCE PAD FOR STORE SINCE PAD FOR SINCE				+5		ÓR	+8		
3/23	5/05		•	TOTAL ADD'L FEE		OR.	TOTAL ADD'S FEE	_	
J 0	(Cotumn 1)	(Cotumn 2)	(Cotumn 3)			. :			
	CLAMS REMANING AFTER MENOMENT	HIGHEST HIGHEST HIGHEST PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE	100 mm	RATE	ADBL	
Co. Com Creeks)	. 17 Min	= 22.		X:5		OR	X S. C. C.	-4	2‡/;¥
CO CLU CHEND.	6 Min		•	x s		704	**************************************	1 —	
FIRST PRESENTATI	ON OF MAILTIPLE DEFE	908IT CLAN 07 C	FR 1,16(d)) · ·	**************************************		08			
				TOTAL ADD'L FEE	•	OR.	ADD'L FEE		
	(Column 1)	(Column 2)	(Column 3)						
	CLAINS REMAINING AFTER MENOMENT	HIGHEST HUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE .	ADDI- TIONAL FEE		RATE	ADDI- TIONAL	, , : <sub>;</sub>
Total * crora uses	Q sen	° - 22	• /	x 5•		OR	x s		<i>/</i> ·
CIT OFR LISCO	3 Min	s = 6	-/	x 1		OR.	× 3=.	!	:
FIRST PRESENTATI	ON OF MULTIPLE DEPE	9609KT CLAM (1)7 C	FR 1 (6(4))	+5=		OR	**************************************	/	
				ADD'L FEE	1	OŖ	TOTAL ADD'L FEE		
If the Withest No.	nn 1 is loss than the a nher Previously Paid i sher Previously Paid i	FOR IN THIS SPACE	is less than 20. (	enter "20".	•		्र क्षाप्तक प्रशासक च क्षाप्तक सम्बद्धी ह	ratigas 250, 100 vi Urumbas Hrav	enty lo

The register termine is required by ST CFR 1.16. The information is required mount of the appropriate scenarious in the sequent by ST CFR 1.16. The information is required by other cratin a board by the public which is to file (and by the USPTO to process) an explicit for. Confidentially is governed by ST U.S.C. 122 and ST CFR 1.14. This collection is estimated to take 12 minutes to complete truthing gathering, preparing, and submitting the completed application form to the USPTO. This will very depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this turder, should be sent to the Chief information Officer, U.S. Poton and Tradersork Officer, U.S. Department of Commissions, P.O. Box 1450, Alexandria, VA 22313-1450, DO MOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in complaing the form, call 1-800-PTO-9199 and celect option 2.

Later Balling